

Client Name		Chart Number	
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GRIEVANCE POLICY AND ACKNOWLEDGEMENT S3D3

POLICY

To establish guidelines of the timely processing of client grievances as they pertain to the agency's Client Rights Policy. It is the policy of Progressive CCC to insure that the program participants have the right to file grievances concerning the services they receive while a program participant. It shall further be the policy of Progressive CCC Inc. to fully support the appointed Client Rights Officer to take all necessary steps to assure compliance with the following procedures:

- ✓ All clients will receive a copy of the Client Rights Grievance procedure at intake. The procedure will be explained by a staff member and upon acceptance of the procedure will the sign the form to verify understanding of and receipt of the Client Grievance Procedure.
- ✓ If a program participant has a grievance they shall be provided with a formal grievance form on which the nature of the complaint, all individuals involved, and the date(s) of the occurrences shall be documented. This form shall be signed and dated by the participant and submitted to the Client Rights Officer. This may be done verbally with the client; it is not mandated that the client complete a written form in order to file a grievance. **When the Client Rights Officer is away from the office for more than a one Wk period, the Client Rights Officer will designate another qualified agency staff person to serve in this capacity in their absence.**
- ✓ The Client Rights Officer will provide assistance in filing the grievance, investigate the grievance on behalf of the griever, and will represent the griever at the hearing on the grievance at all levels, if requested to do so by the griever.
- ✓ Upon receipt of the grievance, the Client Rights Officer shall collect pertinent information and document the information on the Client Rights Grievance Log. The Client Rights Officer shall serve as representative for the griever. If resolved at this time, a written statement of results will be given to the client and the procedure shall end. The Client Rights Officer will respond to the grievance within five (5) working days.
- ✓ The Client Rights Officer will also present to the griever the option to initiate a complaint with any of several outside entities, if a satisfactory resolution cannot be reached at the Board level.



Recipients are also given the contact information to Magellan Health of Louisiana Member Services; the U.S. Department of Health and Human Services and/or appropriate professional licensing or regulatory associations. The client's contact information mailing address and telephone numbers, copies of the presenting grievances and resolutions to any or all of the above agencies, if requested to do so, in writing by the griever.

In the event that a grievance is filed against the Client Rights Officer, the client will then be assisted through the entire grievance procedure by the CEO. All written documents relating to the grievance itself will remain confidential at the administrative level and the resolution of the grievance will only be shared with the Client Rights Officer with permission of the client.

This agency shall keep records of grievances it receives, the subject of the grievances, the resolution of each and shall ensure the availability of these records for review upon request. The agency will also summarize annually its records to include the number of grievances received, types of grievances and resolution status for each.

At all times, the grievance process shall operate in accordance with Title VI. No person in the agency shall on the grounds of RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR HANDICAP be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity for which the applicant received federal financial assistance.

I _____ acknowledge that I have been made aware of and understand that grievance procedure for clients of Progressive CCC, LLC.

Recipient Name (Print)		
Recipient Signature		Date

If the recipient is under the age of 18, this form must also be signed by the parent/guardian.

Parent/Guardian Name (Print)		
Parent/Guardian Signature		Date

I certify that all questions regarding the grievance policy have been answered.

PCCC Staff Name, Title (Print)		
PCCC Staff Signature		Date